AMENDED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

0062855

DOCUMENT # P39252

1. Entity Name

SOS CHILDREN'S VILLAGES-USA, INC.

FILED
03 JAN 27 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1317 F STREET NW STE 550 WASHINGTON DC 20004	1317 F STREET NW STE 550 WASHINGTON DC 20004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 13-6188433 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Regina Katz, Asst. V. P. (Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 100010969981

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S NAME SHAPIRO, MARY JO STREET ADDRESS 1100 NEW YORK AVE. CITY-ST-ZIP WASH DC 20005	☒ Delete	TITLE President/Director NAME Dirk Lohan STREET ADDRESS 225 N.Michigan Ave., Suite 800 CITY-ST-ZIP Chicago, IL 60601	☐ Change ☐ Addition
TITLE D NAME STEVENS, JOHN STREET ADDRESS 835 POLO LANE CITY-ST-ZIP GLENVIEW IL 60611	☒ Delete	TITLE Vice President/Director NAME Fredric Newman STREET ADDRESS 11555 Heron Bay Blvd., Suite 300 CITY-ST-ZIP Pompano Beach, FL 33076	☐ Change ☐ Addition
TITLE T NAME DUGAN, HUTH T MR STREET ADDRESS 433 E 51ST STREET APT 8-D CITY-ST-ZIP NEW YORK NY 10022-6472	☒ Delete	TITLE Treasurer/Director NAME Joseph Skender STREET ADDRESS 10101 Roberts Road CITY-ST-ZIP Palos Hills, IL 60465	☐ Change ☐ Addition
TITLE P NAME FOLSOM, SUZANNE R MS. STREET ADDRESS O'MELVENY & MEYERS, 555 13TH ST NW CITY-ST-ZIP WASHINGTON D. 20004	☒ Delete	TITLE Secretary NAME Christian Gruenler STREET ADDRESS Menzinger Strasse 23 CITY-ST-ZIP 80638 Muchen Germany 011/49/89/179 142 20	☐ Change ☐ Addition
TITLE D NAME AGUSTA, STEFANIE STREET ADDRESS 1223 N. STUART ST CITY-ST-ZIP ARLINGTON VA 22201	☒ Delete	TITLE ~~Acting~~ Executive Director NAME Christopher Zappia STREET ADDRESS 1317 F Street, NW, Suite 500 CITY-ST-ZIP Washington, DC 20004	☐ Change ☐ Addition
TITLE D NAME KLEIN, JAMES STREET ADDRESS 510 S.ELMRIDGE AVE CITY-ST-ZIP BROOKFIELD WI 53005	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 1-13-03 Date Daytime Phone #

CR2E037 (10/02)

2 of 2

CSC

CORPORATION SERVICE COMPANY™

RESUBMIT

Please give original submission date as file date.

ACCOUNT NO. : 072100000032

REFERENCE : 904844 7347970

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 61.25

ORDER DATE : January 23, 2003

ORDER TIME : 10:25 AM

ORDER NO. : 904844-055

CUSTOMER NO: 7347970

CUSTOMER: Mr. Christopher Zappia
Sos Children's Villages-usa
1317 F Street, Nw

Washington, DC 20004

RECEIVED
03 JAN 27 PM 4:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SOS CHILDREN'S VILLAGES-USA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____